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# CAMFT ACTCF

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The Canadian Association for Marriage and Family Therapy  
L'association Canadienne pour la thérapie conjugale et familiale

## MEMBERSHIP APPLICATION REGISTERED MARRIAGE AND FAMILY THERAPIST

BE SURE YOU HAVE READ THE REQUIREMENTS FOR RMFT MEMBERSHIP ON  
[WWW.CAMFT.CA](http://WWW.CAMFT.CA)

### Frequently Asked Questions:

#### How long will it take for me to know that my application has been accepted?

- Once we are certain that we have all the documentation required and the application is ready to be referred to a panel, please expect a wait of up to 4 weeks. You can ensure timely processing by being certain you have submitted all documents requested, and not sending those which we have not requested.

#### How much is the application fee for Registered Marriage and Family Therapist (RMFT) membership? This also applies to Associate Members applying for RMFT membership.

- The application fee of \$100.00 must be paid when applying and is non-refundable. You can find our payment page under “Join CAMFT” on [www.camft.ca](http://www.camft.ca).

#### How much is the CAMFT annual membership fee for RMFT Members and when is it payable?

- The annual CAMFT membership fee for an RMFT Member is \$125.00. If you are not already a CAMFT member, after your membership application is approved you will have fourteen (14) days to pay your annual membership fee to complete your application. If you are a CAMFT member you will start paying RMFT membership dues on your payment anniversary date.

#### To complete your RMFT application include:

- Complete sections 1 - 7
- Request an official transcript be mailed to CAMFT from your school \*\*
- Submission of \$100.00 application fee
- Degrees obtained outside of Canada must include a detailed credential report. Please see more information at <https://camft.ca/welcome-to-camft-membership-explained/>.
- Keep a copy of your application
- It is the applicant's responsibility to provide all requested information. Reviewing panel members will not contact trainers or educators; all verification, provision of documents, etc, must be **provided by the applicant** with their application.
- Please include an up-to-date certificate from any regulatory college of which you are required to be a member. (E.g, College of Registered Psychotherapists (CRPO) College of Social Work, or **Ordre professionnel de la physiothérapie du Québec (OPPQ)**).

\*\*  I have requested my official transcript be mailed to CAMFT.

CAMFT has my official transcript that was mailed by my school.

# REGISTERED MARRIAGE AND FAMILY THERAPIST (RMFT) APPLICATION FORM

## 1. Demographics (please print)

First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Last Name: \_\_\_\_\_ Home or cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Degree: \_\_\_\_\_ Degree Abbreviation: \_\_\_\_\_

This should be the degree that qualifies you to practice in a mental health field. Please include a copy of your degree with your application. Write your initials in the bottom right hand corner of the degree.

## 2. Are you currently a member of the Canadian Association for Marriage and Family Therapy?

Yes, I am currently a \_\_\_\_\_ member and want to transfer to the RMFT category.

Membership # \_\_\_\_\_

No, I am a new applicant

2 (a). If you are a member of AAMFT or have recently been a member of AAMFT please contact the CAMFT office before completing this form. [admin@camft.ca](mailto:admin@camft.ca)

## 3. Work Experience

I have been in a professional work experience in marriage and family therapy for a minimum of two years since receiving my master's or doctorate. Yes \_\_\_\_\_

## 4. Ethics

Has your registration, certification or license to practice in the health care industry ever been suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any provincial, federal or state, regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body or professional association to the best of your knowledge?

Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Education**

Please list your graduate education first and then list any certificates or post degree training programs. Be sure you meet the requirements to apply for RMFT membership which are listed on [www.camft.ca](http://www.camft.ca) under [Membership Explained](#).

<b>Educational Institution</b>	<b>Major</b>	<b>Certificate/Degree Earned</b>	<b>Start and End Date (day/month/year)</b>	<b>Date Earned (day/month/year)</b>

**5. (a) Education**

Please complete the information below. If the course title does not reflect systemic content please attach the course description. Please be prepared to send the course syllabus if further information is required by the reviewing panel. The equivalent of one course is defined as three semester credits, or 36 didactic contact hours (i.e.lecture/classroom hours).

<b>Marriage and Family Studies (a minimum of three courses required)</b>		<b>Didactic/Credit Contact Hours Completed</b>
<b>Course #</b>	<b>Title</b>	

<b>Marriage and Family Therapy (a minimum of three courses required)</b>		<b>Didactic/Credit Contact Hours Completed</b>
<b>Course #</b>	<b>Title</b>	

<b>Course #</b>	<b>Human Development (a minimum of three courses required)</b>	<b>Didactic/Credit Contact Hours Completed</b>
	<b>Title</b>	

Professional Ethics (a minimum of one course required)		Didactic/Credit Contact Hours Completed
Course #	Title	

Research (a minimum of one course required)		Didactic/Credit Contact Hours Completed
Course #	Title	

### 5. (b) Education

As cited in the description of the RMFT Application process on the website:

“Recognizing the gravity of First Nations/Indigenous history and current issues for Canadian culture and identity, all candidates who have graduated after 2015 (completion of TRC) will be expected to have awareness of this history and these current issues, how they can be understood through a systemic perspective, and how they would be addressed in treatment.

[Call to Action in English](#)

[Call to Action in French](#)

These candidates (graduating 2015 or later) are expected to have completed at least one paper or project during their studies which explores themes related to Residential school issues in Canada which explores themes related to Residential School issues in Canada, the recommendations of the Truth and Reconciliation Commission, and the dynamics of socio-cultural trauma in family systems. If this is not the case, applicants are required to submit a 5 - 10 page , double spaced, in which they reflect on the impact of the TRC findings on their understanding pf systemic practice, and how they would anticipate engaging in the issues raised by the TRC.

All candidates who completed their graduate studies prior to 2015 are likewise strongly encouraged to familiarize themselves with these topics and issues.. **Please submit your paper or project (or a summary of it) with this application.**

**6. Verification form for Post-Degree Training Programs. To be completed by your educational institution.** Skip this section if you are not reporting courses taken in a post-degree program.

Applicant Name: \_\_\_\_\_

Institute Name: \_\_\_\_\_

Certificate Earned: \_\_\_\_\_

Date Earned: \_\_\_\_\_

I certify that this Registered Marriage and Family Therapist applicant completed successfully the post-degree program and clinical work described above. I affirm that I am authorized to make this assertion.

\_\_\_\_\_  
 Program Director Name (Please Print) Title

Signature of Program Director \_\_\_\_\_

**7. Supervised Clinical Experience**

In addition to the 150 hours required to become an Associate member, please document a further 1000 hours of direct client contact, the dates during which this work was done, and in what setting(s). Please have this information verified by one or more of your supervisors.

This information will also be requested in the form on page 6.

Direct Client Contact			Setting
Start Date (day, month, year)	End Date (day,month,year)	Total Hours	

## 8. Supervision Report Form

This form needs to be completed and signed by your supervisor. **If you had more than one supervisor each supervisor must complete a form. Please include these forms with your application.**

Applicants' post-degree MFT clinical experience must be supervised by an RMFT supervisor, Supervisor-Qualifying, or a pre-approved alternative. Recognizing that this membership process is new, some flexibility will be offered regarding whether or not a non-RMFT supervisor was pre-approved.

Applicant Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisors Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

I am an RMFT Supervisor Membership number: \_\_\_\_\_

I am an RMFT Supervisor-Qualifying Membership number: \_\_\_\_\_

I am an Alternate Approved Supervisor Membership number: \_\_\_\_\_  
Please include verification of your pre-approval from CAMFT

The applicant listed above has participated in CAMFT approved supervision during the time listed below.

Day/Month/ Year \_\_\_\_\_ to Day/Month/Year \_\_\_\_\_

*This report must be all post-graduate and cannot include previously submitted hours.*

Client Contact Hours: \_\_\_\_\_ Supervision Hours: Individual \_\_\_\_\_ Group \_\_\_\_\_

If you haven't already please read the Supervisors Guidebook on [www.camft.ca](http://www.camft.ca) as supervision must follow the CAMFT guidelines.

I certify that the applicant listed above has completed the above client and supervision hours during the dates mentioned. I also affirm that I am authorized to make this assertion.

\_\_\_\_\_  
Supervisors's Signature

\_\_\_\_\_  
Date

## Summary of Supervision and Direct Client Hours

**Please remember your Supervisor should be an  
RMFT Supervisor, RMFT Supervisor Qualifying or an  
Alternate Approved Supervisor who has been pre-approved by CAMFT.  
(Approved Alternates include AAMFT Supervisors)**

Time Frame		CAMFT Supervisor	Supervised DC Hours	Supervision Hours		
Start	End			Group	Individual	Total

**I have included a Supervision report form for each of the above.**

## SUMMARY PAGE (check relevant boxes)

- CAMFT already has an official transcript from my school.
  - I have requested an official transcript be sent from my school to the CAMFT address below.
  - CAMFT already has a copy of my graduation diploma.
  - I have included a copy of my graduation diploma.
  - I have included up-to-date certificate from any regulatory college of which I am required to be a member. (E.g, CRPO, College of Social Work, or OPPQ.)
  - I have included a copy or summary of the paper or project that is requested in 5b on page 4.
  - I have included the Supervision report form(s) on page 6 and the summary on page 7.
- 
- Review your application to be sure you have not missed anything
  - Keep a copy of your application.
  - If you are mailing your application send an email to [admin@camft.ca](mailto:admin@camft.ca) and let us know when you mailed it.
  - Go to the CAMFT 'Store' to pay the \$100 non-refundable application fee.
  - If you are applying for membership into CAMFT your \$125.00 annual membership fee will be due 14 days **after** you receive notice that your application has been accepted. A payment link will be included in that notice.
  - If you are applying for a transfer from CAMFT Associate Membership to RMFT membership your annual membership fee will increase on your anniversary date of joining CAMFT.

Please do not include documentation which is not specifically requested in this application. (e.g. continuing education documents, reference letters for the applicant)